

## DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

Radig for State House

IMPORTANT: Indicate type of committee you are reporting for:

☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
 (8) Support Slate of Candidates

For Office Use Only

Comm. # 1557

Indexed

Audited

Computer

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19<sup>th</sup> REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.  
 (report date) Indicate one ☒

☒ CHECK IF AMENDMENT TO REPORT DATED 5/17/04

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov 2, 2004

County &amp; Local Committees, enter County in which Election is held

Woodbury

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONEY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Rally for State House*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/7/04	ID# CK#	Ron Nutt 3711 Cheyenne Blvd. Sioux City, IA 51104		\$ 100.00	<input type="checkbox"/>
4/7/04	ID# CK#	Jim Warner 4350 Far Hills Rd. Sioux City, IA 51104		100.00	<input type="checkbox"/>
4/8/04	ID# CK#	Warren "Bud" Nelson 40 Ridgeway Sioux City, IA 51104		100.00	<input type="checkbox"/>
4/8/04	ID# CK#	Bob and Connie Hansen 3505 Broken Kettle Sioux City, IA 51104		300.00	<input type="checkbox"/>
4/8/04	ID# CK#	Carolyn Spellman 3849 Jones Sioux City, IA 51104		25.00	<input type="checkbox"/>
4/15/04	ID# CK#	James and Lisa Weydert 27151 Thomas Ave Eiko, MN 55020	Aunt and Uncle	100.00	<input type="checkbox"/>
4/15/04	ID# CK#	Therese Hamfield 306 Bengtson Ct. Sgt. Bluff, IA 51054		100.00	<input type="checkbox"/>
4/15/04	ID# CK#	Mike Wells LeMars, IA 366 16th St. SE. 51031		250.00	<input type="checkbox"/>
4/15/04	ID# CK#	Edum C. Blackburn 1518 38th St. Sioux City, IA 51104		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONEY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Radi3 for State House

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4/15/04	ID# CK#	Kristi Nimmo 9940 Westgate Ct. Lenexa, KS 66215	2nd Cousin	\$ 25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Dr. James Grabowski 4500 Stoneridge Pt. Sioux City, IA 51106		100.00	<input type="checkbox"/>
4/21/04	ID# CK#	George New 4520 Alamo Cir. Sioux City, IA 51104		25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Arland Freiberg 2287 Buchanan Ave. Sioux City, IA 51054		25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Dianne Fish 320 N. Lantry Algona, IA 50511	Great Aunt	50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Daria Bossman 5600 Windsor Ave. Sioux City, IA 51106		25.00	<input type="checkbox"/>
4/26/04	ID# CK#	Clint and Helen Golden 1023 N. Minnesota St. Algona, IA 50511	Grandparents	100.00	<input type="checkbox"/>
4/26/04	ID# CK#	Lance Emcke 4908 Ravine Park Ln. Sioux City, IA 51106		100.00	<input type="checkbox"/>
4/26/04	ID# CK#	Jan and Ken Noble 812 N. Shannon Dr. Sioux City, IA 51055	Sister's In-laws	25.00	<input type="checkbox"/>
4/26/04	ID# CK#	Richard Wagner 528 Pellier Sioux City, IA 51104		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Roads for State House*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/30/04	ID# CK#	David W. Leman 1665 220 <sup>th</sup> St. Sgt. Bluff, IA 51054		\$ 50.00	<input type="checkbox"/>
4/30/04	ID# CK#	Jack Joss 1839 Indian Hills Sioux City, IA 51104		50.00	<input type="checkbox"/>
4/30/04	ID# CK#	Donald Schenk 33023 K18 Sioux City, IA 51108		25.00	<input type="checkbox"/>
4/30/04	ID# CK#	Mary Anderson 1018 25 <sup>th</sup> St. Sioux City, IA 51104		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Greg Hoversten 4705 Stone Park Blvd. Sioux City, IA 51103		250.00	<input type="checkbox"/>
5/3/04	ID# CK#	Donna Godden 1517 Lincoln Blvd. Muscatine, IA 52761	my mom	250.00	<input type="checkbox"/>
5/3/04	ID# CK#	Ron Wieck 920 Morrisville Ave Sioux City, IA 51106		250.00	<input type="checkbox"/>
5/3/04	ID# CK#	James Champion 2311 Cypress St. Sioux City, IA 51106		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Charles and Joann Bechtold 6706 Kingswood Ct. Sioux City, IA 51106		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Mel Adema 16 Deerhaven Sioux City, IA 51104		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1050

TOTAL (if last page of this schedule)

\$

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rady for State House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/3/04	ID# CK#	Christopher Rants 2740 S. Glass Sioux City, IA 51106		\$ 50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Gene Ambrosian Sioux City, IA 2936 S. Cedar St. 51106		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Brent and Bev Huideen Sioux City, IA 1804 Isabella 51103		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Rick Christoffers Sioux City, IA 501 11th St. 51105		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	James or Ta'Mara Hanscom 3902 Smith River Rd. Sioux City, IA 51108		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Barb Vukulskas Sioux City, IA 4300 Country Club 51104		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Lois Bjork Sioux City, IA 214 S. Collins 51103		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Lynn Davenport Sioux City, IA 3219 Nebraska 51104		25.00	<input type="checkbox"/>
5/11/04	ID# CK#	Sandy Larvick Sioux City, IA 2409 Marshall 51106		15.00	<input type="checkbox"/>
5/14/04	ID# CK#	Marge Stanek Sioux City, IA 5500 Wild Rose Ln. 51106		25.00	<input type="checkbox"/>
		Robert Rice Sioux City, IA 51106		100.00	<input type="checkbox"/>

5004 Ravine Park Ln.

SUB-TOTAL

\$ 515.00

TOTAL (If last page of this schedule)

\$ 3190.00

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 09/97)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input checked="" type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Radiating for State House*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<del>4/30/04</del>	ID# CK#	<del>XXXXXXXXXX</del>		\$
4/30/04	ID# CK#	Jacob Bassman 697 Sherry Lynn Blvd. Apt 26 Pleasant Hill, IA 50327	Reimbursement for mileage	154.36
5/14/04	ID# CK#	Jacob Bassman 697 Sherry Lynn Blvd. Apt 26 Pleasant Hill, IA 50327	Reimbursement for mileage	141.78
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 296.14
TOTAL (If last page of this schedule)				\$ 296.14

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

## DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 01/98)

DISCLOSURE  
REPORT

## For Office Use Only

Comm. #

Indexed

Audited

Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

Radiog for State House

IMPORTANT: Indicate type of committee you are reporting for:

1

- ( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
 ( 8 ) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

(712)-253-2577

DATE SIGNED

5/17/04

Routine Penalties Due For Late Filed Reports Range from \$20 to \$

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A

May 19<sup>th</sup>

(report date)

REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate one

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov. 2 2004

County &amp; Local Committees, enter County in which Election is held

Woodbury

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) .....

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) .....

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....

\$

UNPAID BILLS (From Schedule D - Attach Schedule D) .....

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

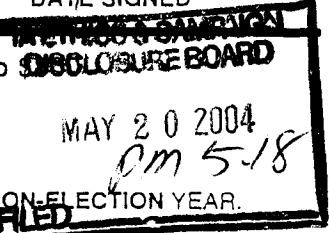
## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$



For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Rally for State House*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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4/7/04	ID# CK#	Jim Warner Far Hills Rd.		100.00	<input type="checkbox"/>
4/8/04	ID# CK#	Warren "Bud" Nelson 40 Ridgeway		100.00	<input type="checkbox"/>
4/8/04	ID# CK#	Bob and Connie Hansen 3505 Broken Kettle		300.00	<input type="checkbox"/>
4/8/04	ID# CK#	Carolyn Spellman 3849 Jones		25.00	<input type="checkbox"/>
4/15/04	ID# CK#	James and Lisa Weydert 27151 Thomas Ave. 55020	Aunt and Uncle	100.00	<input type="checkbox"/>
4/15/04	ID# CK#	Therese Hamfield 306 Bennington Ct. 51054		100.00	<input type="checkbox"/>
4/15/04	ID# CK#	Mike Wells 344 16th St. SE. 51031		250.00	<input type="checkbox"/>
4/15/04	ID# CK#	Edum C. Blackburn 1518 38th St.		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$

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Page 1 of 4  
(for Schedule A)



For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Racing for State House*

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4/15/04	ID# CK#	Kristi Nimmo 9940 Westgate Ct. 66215	2nd Cousin	\$ 25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Dr. James Grabowski 4500 Stoneridge Pt. 51106		100.00	<input type="checkbox"/>
4/21/04	ID# CK#	George New 4520 Alamo Cir. 51104		25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Arland Freiberg 2287 Buchanan Ave. 51054		25.00	<input type="checkbox"/>
4/21/04	ID# CK#	Dianne Fish 320 N. Lantry 50511	Great Aunt	50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Daria Bossman 5600 Windsor Ave. 51106		25.00	<input type="checkbox"/>
4/26/04	ID# CK#	Clinton Helen Golden 1023 N. Minnesota St. 50511	Grandparents	100.00	<input type="checkbox"/>
4/26/04	ID# CK#	Lance Ehmecke 4908 Ravine Park Ln. 51106		100.00	<input type="checkbox"/>
4/26/04	ID# CK#	Janard Ken Noble 812 N. Shannon Dr. 51055	Sister's In-laws	25.00	<input type="checkbox"/>
4/26/04	ID# CK#	Richard Wagner 528 Pelletier		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 525.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Roads for State House*

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4/30/04	ID# CK#	David Widman 1665 220th St. 51054		\$ 50.00	<input type="checkbox"/>
4/30/04	ID# CK#	Jack Voss 1839 Indian Hills 51104		50.00	<input type="checkbox"/>
4/30/04	ID# CK#	Donald Schenk 33023 K18 51108		25.00	<input type="checkbox"/>
4/30/04	ID# CK#	Mary Anderson 1018 25th St. 51104		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Greg Hoversten 4705 Stone Park Blvd. 51103		250.00	<input type="checkbox"/>
5/3/04	ID# CK#	Donna Godden 1517 Lincoln Blvd. 52761	my mom	250.00	<input type="checkbox"/>
5/3/04	ID# CK#	Ron Wreck 920 Morningside Ave 51106		250.00	<input type="checkbox"/>
5/3/04	ID# CK#	James Champion 2311 Cypress St. 51106		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Charles and Joann Bechtold 6706 Kingswood Ct. 51106		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Mel Adema 16 Deerpark 51104		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1050

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Rady for State House*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/3/04	ID# CK#	Christopher Rants 2740 S. Glass 51106		\$ 50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Gene Ambrosian 2936 S. Cedar St. 51106		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Brent and Bev Huideen 1804 Isabella 51103		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Rick Christoffers 501 11th St. 51105		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	James or Ta'Mara Hanscom 3902 Smith River Rd. 51108		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Barb Vukulskas 4300 Country Club 51104		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Lois Bjork 214 S. Collins 51103		25.00	<input type="checkbox"/>
5/3/04	ID# CK#	Lynn Davenport 3219 Nebraska 51104		25.00	<input type="checkbox"/>
5/11/04	ID# CK#	Sandy Larvick 2409 Marshall 51106		15.00	<input type="checkbox"/>
5/14/04	ID# CK#	Marge Staneck 5500 Wild Rose Ln. 51106		25.00	<input type="checkbox"/>
		Robert Rice 51106		100.00	<input type="checkbox"/>
5004 Ravine Park Ln.				SUB-TOTAL	\$ 515.00
				TOTAL (if last page of this schedule)	\$ 3190.00

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# Radig for State House

Name: Jacob Bossman

Address: 697 Sherrylynn Blvd. Apt. 26

City: Pleasant Hill

State: IA Zip 50327 Signature: *Jacob Bossman* Date: April 30, 2004

Date	Miles	@.34 cents/mile	Other	Purpose of Expenditure
4/30/04	227	77.18		House Party Staffing
5/2/04	227	77.18		Return from House Party
Subtotals	454	154.36		\$ 154.36

Total Expenditures

Campaign Approval

Paid for by Radig for State House

